

# American Express®

## Change of Company Details Form Australia



All fields must be completed in black pen and block letters. Please forward completed form to Post: American Express Australia Limited, PO Box 5087, Sydney NSW 2001 Australia Fax: +61 2 9263 6025

### Corporation Details

Existing Company Name

Existing ABN

New Company Name  
(if applicable)

Are replacement Cards required with the new Company name.  
(Please provide certificate of name change; new Company name will appear on new Cards.)

Company Corporate IDs this will affect  
(List all applicable IDs or highest level ID to apply to all)

Control Account Name

Existing Cost Centre Name

New Cost Centre Name

New Company Address

State

Postcode

Country

New Telephone Number

(Country Code)

(Area Code)

(Phone Number)

Postal Address

State

Postcode

Country

### Complete if new Authorised Signatory/Decision Maker/Program Administrator

Title

Mr

Mrs

Miss

Ms

Dr

Full Name

Position Title

DOB

Date (DD/MM/YYYY)

/

/

Residential Address  
(if different from Company Address)

City

State

Postcode

To add new Authorised Signatory/Decision Maker, please provide a certified copy of your current Driver's Licence, or current Passport (refer appendix A). For more details on how American Express collects, uses and manages personal information, [please see our Privacy Statement](#).

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### New Authorised Signatory/Decision Maker/Program Administrator (continued)

New Telephone Number

(Country Code)

(Area Code)

(Phone Number)

Email address

Card Distribution Recipient (For delivery of Cards)

New Card Delivery Address

State

Postcode

Country

Credit Control Contact

Annual Fee Diversion Account Contact

Main Program Administrator

**Note:** If your Company is on the central billing option, then the new main program administrator will also be updated as the new central statement delivery contact.

Additional Program Administrator

Authorised Signatory

BTA Statement Recipient

Decision Maker

### Remove Card Program Contact Details

Name to be Deleted

Position Title

Card Distribution Recipient

Additional Program Administrator

Credit Control Contact

BTA Statement Recipient

Annual Fee Diversion  
Account Contact

Authorised Signatory

Main Program Administrator

Decision Maker

### Mandatory

The individual signing below on behalf of the above-named Company warrants that he/she is authorised to do so.

Authorised Signature

Date (DD/MM/YYYY)

/

/

Name

Position held in company

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### Appendix A

#### **Certified legible copy of:**

Current Drivers Licence or Current Passport, or Current proof of age card issued under a law of a State or Territory.

#### **Certification requirements:**

- The certification of documentation must be performed by an acceptable certifier, and not be related to the Authorised Signatory/Decision Maker.

Please refer to the list below of acceptable certifiers:

- Justice of the Peace.
- Legal practitioner.
- Accountant who is a fellow of the National Tax Accountants' Association or a member of any of the following: Chartered Accountants Australia and New Zealand; the Association of Taxation and Management Accountants; CPA Australia; the Institute of Public Accountants.
- Commissioner for Affidavits.
- Commissioner for Declarations.
- Notary Public.
- Medical practitioner.
- Pharmacist.
- Australian Police officer.
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office providing postal services to the public.
- An American Express Employee.

The acceptable certifier must sight the original documentary identification and state their full name and date on the copy of your identification. In addition, they must note the category of Certification (e.g., Justice of the Peace) and attach their stamp, seal or identification/ membership number and also make a statement as follows:

- "I certify that this document is a true copy of the original".